#### FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all 2010 007 18 AM 9: 14 electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically. **Reset Form** COMMITTEE NAME (Must be same as on Statement of Organization) IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballet less to FORM DR-2 DISCLOSURE (Rev. 12/2009) REPORT For Office Use Only 11 ) Local Ballot Issue Comm. # CANDIDATE COMMITTEES ONLY: Logged in \_ Candidate Name Political Party (if applicable) Scanned \_\_\_ Veanine /ellin Computer \_\_\_ Office Sought District (if Senate or House) Audited County Supervisor Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. 563-637-2774 TELEPHONE SIGNATURE OF PERSON FILING REPORT October 19, 2010 REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # / □CHECK IF AMENDMENT TO REPORT DATED \_ Local Committees, enter Date of Election ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held Fayette STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... Schedule F: Loans Received total (Attach Schedule F)..... Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL ..... \$ 4067.03 SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)..... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero) ......\$ \*\*UNPAID BILLS (From Schedule D - Attach Schedule D)......\$ \*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ......\$ -0-\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO **CANDIDATE COMMITTEES ONLY:** VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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COMMITTEE NAME (Must be same as on Statement of Organization)  Jeanine A. Tellin for Supervisor		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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(MM/DD/YR) AND PAC CHECK NUMBER  7/28/10 ID#  CK#  7/30/10 CK#  8/9/10 CK#  8/10/10 CK#  8/10/10 ID#  CK#	unitemized contribution  Don Bunn 12562 80+11 Street Maynard, IA 50655  Don Leyh 21553 130+11 Street Sumner, IA 50674	TO CANDIDATE* (if applicable)	\$ 20.00	FUND- RAISER INCOME
7/28/10 CK# $7/30/10$ CK# $8/9/10$ CK# $8/10/10$ CK#  CK#	Don Bunn 12562 80+1 street Maynard, IA 50655 Don Leyh 21553 130+6 street		20.00	
$\frac{7}{30}/_{0}$ ID#  CK# $\frac{8}{9}/_{0}$ ID#  CK# $\frac{8}{10}/_{0}$ CK#  CK#	Don Bunn 12562 80+1 street Maynard, IA 50655 Don Leyh 21553 130+6 street		20.00	
8/9/10 CK#  8/9/10 CK#  8/10/10 CK#  CK#	Maynard, IA 50655  Don Leyh a1553 130th street		50.00	
8/9/10 CK#  8/10/10 CK#	Maynard, IA 50655  Don Leyh a1553 130th street		50.00	
8/ <sub>10/10</sub> ID# CK#	Don Leyh a1553 130th street			
8/ <sub>10/10</sub> ID# CK#	Summer TA FOLTH	1		<b>—</b>
	1-111100 11 30614		25.00	
	Jeanette Wolfgram			
8/ ,   <sup>ID#</sup>	Veanette Wolfgram 12274 R. Avenue Westgate, IA 50081		200,00	
	Sandy Salmon			
8/2//0 ID#	Sandy Salmon 9711 Streeter Rd. Janesville, IA 50647		50.00	
S/. / ID#	IHF Harms LTD - Alan Albrecht			
8/ <sub>/7</sub> / <sub>/2</sub> ck#	7831 P Avenue Maynard, IA 50655-7602		100.00	
C / / ID#	FRENO Then			
8/ <sub>19/10</sub>   ck#	TRêne Iben 913 and Avenue Bouthwest Delwein, Iowa 50662		25,00	
9/ <sub>2</sub> / ID#	Roger Michael			
9/ <sub>3</sub> / <sub>/O</sub> ck#	West Union Faux 52175		20.00	
9/ ID#				$\overline{}$
9/ <sub>3/10</sub> ID# CK#	David Balk 248 <b>8</b> 6 306th Street Walloma, Towa 52171		20,00	
9/ ID#				$\overline{}$
9/ <sub>3//0</sub> ck#	Lester Steffens 307 Hall Street West Union, Iowa 52175		10.00	
			í	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_ of \_\_/O\_\_\_ (for Schedule A)

TOTAL (if last page of this schedule)

SCHEDULE

(Rev. 07/03)

MONETARY

**RECEIPTS** 

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)	(Nev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)  URANINE A. TELLIN FOR SUDER VISOR		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
9/3/10	ID# CK#	Von Mitchell 1326 Admission Road		\$	
al	ID#	ARINGTON, Joura 50606		75.00	
9/3/10	CK#	Sharon Wedo 1107 Main Street Elgin, Iowa 52141		50.00	,
9/2/	ID#	Lennara Stembronn 16271. 50th Street			
9/3/10	CK#	16271. 50th Street Oelwein, Lowa 50662-9456		50,00	
9/3/10	ID#	Von Harrison Po. Box 155, 165 7th Et. North			
10/10	CK#	Maynard, Jowa 50655-0155		50.00	L
9/21	ID#	Sandra Arthur 19151 160th Street			
9/3/10	CK#	19151 160th Street Sumner, I)wa 50674	The second of	50.00	
9/2/	ID#	George H. Malven			
9/3/10	CK#	8695 Q Avenue Maynurd, Iwa 50655-7614		50,00	L
	ID#	Robert McMillian,			
9/3/10	CK#	Stanley, Jowa 50671		50,00	
9/4/10	ID#	James Burrack 8/8/4 80+11 street			
14/10	CK#	ARlington, Ipwa 50606		15.00	
9/./	ID#	Gerald J. Lynch			
9/4/10	CK#	Gerald J. Lynch 331- 3rd Street Northwest Wancoma, Iowa, 52171		100.00	
91.1	ID#	Nancy S. Wendel			
9/4/10	CK#	16784 50th Street Delwein, Jowa 50665		30,00	L]
		CEINCIII, YOWA SUNUA	SUB-TOTAL	• 57.	

TOTAL (if last page of this schedule)

(for Schedule A)

SCHEDULE

MONETARY

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

#### CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)  Lanne A. Tellin for Sunger 12 700		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

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9/ /	ID#	Tim Recker-Farm Account			INCOME
9/4/10	CK#	5604 H Avenue Arlington, Iva 50606		50.00	
91	ID#	Fucial 8 - 1			
9/4/10	CK#	Eugene Steck 10046 R. Avenue Maynard, Iswa 50655		15,00	
9/	ID#	Mrs. Robert Eldridge			
9/7/10	CK#	530 1st street North Maynurd, IA 50655		30.00	
9/21	ID#	Margaret Lulk			
9/8/10	CK#	20928 3 Avenue Howkeye, IA 54147		10.00	
9/01	ID#	Peggy V. Schlatter			
9/8/10	CK#	22485 200th Street Howkeye, IA 54147		20,00	
9/.1	ID#	Kenneth L. Vagts			
9/8/10	CK#	28824 State Street Eldorado, IA 52175		50,00	
9//	ID#	Diann Kerns			
9/8/10	CK#	5542 Unicorn Road Delwein, IA 50662		20,00	
9//	ID#	Voe Bake			
9/8/10	CK#	9804 QUTA Street Stanley, IA 50671		10,00	
91.	ID#				
9/8/10	CK#	Gwennith Vandersee 106 8th Avenue Northeast Gelwein, IA 50662		10.00	
9/,	ID#	C.J. (Clair) Lensing			
9/8/10	CK#	17525 25th Street Oelwein, IA 50662		50,00	
		00000	SUB-TOTAL		

TOTAL (if last page of this schedule)

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Page 3 of /O (for Schedule A)

**SCHEDULE** 

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

(including candidate's personal funds)	(100.07/05)	NECEIP 13
COMMITTEE NAME (Must be same as on Statement of Organization)  Vernine A. Tellih for Supervisor	. —	CK THIS BOX IF NDING FORM

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DATE RECEIVED	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	I AMOUNT	√ IF FOR
(MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE* (if applicable)	RECEIVED	FUND-
	NUMBER ID#		(п аррисаве)		RAISER
9/8/10	ID#	Robert Kalb			
18/10	CK#	3463 H Avenue		\$	
<u> </u>	ID#	AURORA, FA 50607		100.00	
9/9/10		Vames Ingels (tarm Acct.)		ĺ	
ŧ	CK#	12627 M. Avenue Fayette, IA 52142		20,00	L
9/9/10	ID#	Francis Thyer			
1/9/	CK#	13578 170Th Street		( )	
		Kandalia, TA 52164		100,00	<b>L</b>
9/9/10	ID#	Kent and Shelia Rein King 80983 60th Street			
19/10	CK#	20983 60th otreet		50.00	
	ID#	Oelwein, IA 50662			
9/12/		Robert Ly Pepin		_	
9/10/10	CK#	3918 Outer Road Oelwein, IA 50662	,	20,00	
9/10/10	ID#	Kathy Cole			
1/10/	CK#	6568 K Avenue		100,00	
9110		Faye He, TA 52142		100100	L
9/10/10	ID#	Timothy Sexton			
110/10	CK#	119 North Carpenter Sumner, IA 50674		50,00	
	ID#	Sumner, LA 50614			
9/10/10		Vackre Ruff 20827 90th Street			
10/10	CK#	Westgate, IA 50681		50,00	
91	ID#	Perry L. Comeale			
9/10/10	CK#	113 Hillside Arive		200,00	
110		Oelweili, IA 50662			<u> </u>
9/11/10	ID#	Donna Bachman L			
11/10	CK#	21254 GOTH STREET		10.00	
		Oelwein, TA 50662	CUID TOTAL		
			SUB-TOTAL	2711	

TOTAL (if last page of this schedule)

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**SCHEDULE** 

(Rev 07/03)

MONETARY

## **CONTRIBUTIONS -- MONEY TAKEN IN**

<b>:</b>	
COMMITTEE NAME (Must be same as on Statement of Organization)  Lanie A. Tellin for Supervisor.	 CK THIS BOX IF IDING FORM

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DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
(MM/DD/YR)	AND PAC CHECK		TO CANDIDATE*  (if applicable)	RECEIVED	FUND- RAISER
~ /	NUMBER ID#	Low O min			INCOME
9/11/10	CK#	Lois R. Miller 405 Clay Street		\$	
		Clermont, IA 52135		20,00	<b></b>
91	ID#	Nancy R. Grimes			
9/11/10	СК#	7442 Filmore Road West Union, IA 52175		50,00	L
91	ID#				<del> </del>
9/11/10	CK#	Beverly L Lens 13348 170th Street Randalia, TA 52164		50.00	
9/	ID#	Albort F Gathmus			
9/11/10	CK#	Albert E. Gathmun 12797 35th Street Oelwein, IA 50662		50.00	
91.	ID#	Joy Eischeid 306 Auburn Street			
9/13/10	CK#	West Unon It 52175		20,00	
9/ 1	ID#	1000			
9/13/10	CK#	271 OAK Ridge Drive Clermont, It 52135		20,00	
9//	ID#	Kent Appleic 4367 Eagle Road			
9/14/10	CK#	Clermont, IA 52135		100.00	
9/ (	ID#	Merna Custer 205 North 1st. Street			
9/14/10	CK#	Randalia, IA 52/64		50.06	
9/ /	ID#	Wilda M. Inganells			
9/14/10	CK#	1228 U Avenue Stapley, IA 50671		20.00	
9/ .	ID#	Richard J. Hofmeyer			
9/14/10	CK#	400 Mechanic Street		20.00	
1,,0		Fugette, IA 52142			
		•	SUB-TOTAL		I

TOTAL (if last page of this schedule)

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SCHEDULE

MONETARY

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

	( And and a personal funds)	
	<u> </u>	Г
	COMMITTEE NAME (Must be same as on Statement of Organization)	1 L
i	- The same was the state as on statement of Organization)	}
Į	Yearine A. Tellin for Superison	Ī
į	Leaninetti Tellin FOR Supervisor	1
•	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<b>'</b>

SCHEDULE

A
(Rev. 07/03)

CHECK THIS BOX IF
AMENDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE*	RECEIVED	FUND-
	NUMBER		(if applicable)		RAISER
9/14/10	ID#	Dale Schrader			
1/4/1	CK#	Dale Schrader 15757 110th Street		\$	
1110		Maynard, IA 50655		20,00	
9/14/10	ID#	Vanita A. Loffus 8394 Harding Rd.			
1/4/11	CK#	8394 Harding Rd.		15,00	
	ID#	West Union, IA 52175		13100	
9/15/10	10#	Mrs. Urban (Pat) Berkes			
115/10	CK#	7957 K Avenue		20.00	
	ID#	Fuyetter It 52142		90100	
9/16/10		Loyce Bunn			
16/10	CK#	11703 U Avenua Westauter LA 50681		50.00	
	ID#				
7/16/	CK#	Lois Dummermuth 3587 Diamend Road		<b>,</b>	
9/16/10	CIN#	Elgin, It 52141		50.00	
911	ID#	Patricia A. Burghardt			
9/11/10	CK#	Patricia A. Burghardt 15779 T. Avenue		<b>A</b>	
, .0		Sumner, IA 50674		20,00	<u> </u>
91	ID#	MIS, ESTHER GriMM			
9/17/10	CK#	INI 3rd Street Southwest #102		20,00	
	ID#	Delwein, IA 501dg2		40,00	
9/18/10	IUTF	Wallace A. Rundle 107 12th Avenue southeast			
118/10	CK#			20,00	
	ID#	Oelwein, It 50662			
9/18/10		Veannie K. Kalb 4875 I Avenue			
118/10	CK#	Stapley, It 50671		50.00	
	ID#	Alan Gunderson			
9/18/10	CK#	29507 Harding Road		A	
- 1/0	OIN#	Postville, IA 52162		20,00	L
			SUB-TOTAL		

TOTAL (if last page of this schedule)

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Page 6 10 (for Schedule A)

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMENTED		
COMMITTEE NAME (Must be sa	ame as on Statement of Organization)	
Marina A Tally	6. 6	
JEANINE H. TEILIN	for Supervisor	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

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91	ID#	Lora L. Saunders			INCOME
9/20/10	CK#	10-10th Avenue Northwest Delwein, IA 50662		10.00	
9/ ,	ID#				
9/21/10	CK#	Alice T. Kuempel 103 Lincoln Arive West Union, IA 52175		50,00	
9/ /	ID#	Herman Gadrw			
9/21/10	CK#	Herman Gadow 111 10th 3treet Southwest Odwein, IA 50662		10.00	
9/. 1	ID#	Dorline Allbee			l
9/21/10	CK#	West Union, IA 52175		10,00	
9/21	ID#	James B. Grimm (Farm Acct)	·		
9/21/10	CK#	10316 N AVENUE Maynard, IA 50655		100,00	
9/201	ID#	Merl McFarlage			
9/22/10	CK#	110 4th Street Northwest Oclwein, IA 50662	·	25.00	L
9/2/	ID#	David Hurd			
9/20/10	CK#	David Hurd 941 1 <u>st</u> Avenue Northeast Oelwein, TA 50662		10,00	
9/	ID#	Cheryl Arthur		-	
9/22/10	CK#	18286 17010 Street Sumner, FA 50674		50,00	
9/20	ID#	Davis Budenburg 403 West Water St.			
9/23/10	CK#	403 West Water St. Fayetle, IA 52142		20,00	
91.	ID#	Lawrence Hurd			
9/23/10	CK#	225 Cass Street, Po. Box 70 Westgate, IA 50681		20,00	
		wesignies 211 Subol	SUB-TOTAL		

TOTAL (if last page of this schedule)

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## **CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

COMMITTEE NAME (Must be same a	s on State	ment of Organization)	
Stocai A Tu	0	(	
Jeanine A. Tellin	-for	DUMPHICADE	
		PULLING	

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

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NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
9/2 /	ID#	Thomas Rich			
9/23/10	CK#	211 Bandy Lane, A. Box 237 Clermont, IA 52135		20.00	<b>  L</b>
9/	ID#	Brian Suckou)			
9/25/10	CK#	Brian Suckow 105 South East Line Road Delwein, IA 50662		20,00	
91	ID#	Veff Moellers		<b> </b>	<del>                                     </del>
9/25/10	CK#	1826 E Avenue ARlington, TA 50606		30,00	
9/. 1	ID#	Vim Bunc			
9/27/10	CK#	19948 Doth Street		36,00	
9/	ID#	Siane Bucho			
9/28/10	CK#	Diane Bucho 19206 140th Object Sumner IA 50674		20,00	
9/	ID#	Le way n Schrader 12546 Neon Road			
9/28/10	CK#	Maynard, TA 50655		20,00	
91	ID#	Vo Lynn Schrader,			
9/28/10	CK#	15757 110 th Street Maynard, IX 50655		20,00	
9/ ,	ID#	•		-	
9/28/10	CK#	unitemized Contribution		10,00	
91	ID#	Maynerd Savings Rank			
9/26/10	CK#	Maynard Savings Bank P.O. Box 158 Magnard, TA 50655		170	
9//	ID#	Carol Kennoh			
9/29/10	CK#	Carol Kennoh 6794 R Avehue Oelwein, IA 50662		20,00	
			SUB-TOTAL	\$ 190.70	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 8 of /O (for Schedule A)

TOTAL (if last page of this schedule)

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Leanise A. Tellin For Supervisor

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
(MM/DD/YR)	AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER
91	ID#	Audray Marti			INCOME
9/29/10	CK#	Audrey Vagts 102 Lincoln way West Union, IA 52175		20100	
9/	ID#	West 4/10/11 1/1 50/15		-	ļ
9/30/10	CK#	Vason Moellers 26904 L Avenue West Union, IA 52175		50.00	
10/1	ID#	Beverly M. Hinsenbrock			
10/1/10	CK#	28511 Beechnut Road Cleymont, IA 52135		20,00	
10/	ID#	Roland waterman			
10/2/10	CK#	603 Mill Street Elgin, IA 50141		20,00	
10/ ,	ID#	Laura M. Janssen			
10/5/10	CK#	10299 G. Avenue ARINIGTON, IA 50606		50.00	
101	ID#	Emery Hillman			
10/5/10	CK#	Emeky Hillman 100-8th Avenue Northeast Oelwein, IA 50662		25,00	
10/	ID#	Jeraid Delagamelle			
10/5/10	CK#	Jeraid Delagardelle 1804 V Avenue Hawkeye, IA 52147		30.00	
10/	ID#	John W. Orr			
10/5/10	CK#	John W. Orr 16558 Jave Road Fayette, It 52142		20,00	
10/	ID#	unitemized contribution			
10/7/10	CK#	- Copily, buch		20,00	
1011	ID#	Ropald Seedorff			$\overline{}$
10/7/10	CK#	3205 40th Street Helington, IA 50606		20,00	
		Delligion SA SUCCO	SUB-TOTAL		

TOTAL (if last page of this schedule)

Page \_\_\_\_\_ of \_\_\_\_\_ (for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

SCHEDULE Reset Form **CONTRIBUTIONS -- MONEY TAKEN IN** MONETARY (Including candidate's personal funds) (Rev. 07/03) **RECEIPTS** COMMITTEE NAME (Must be same as on Statement of Organization) CHECK THIS BOX IF **AMENDING FORM** DERVIGOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/9/	ID#	Kay Bung 6262 N Avenue		\$	INCOME
(1/1)	ID#	Maynard, IA 50655		20.00	
10/12/10	CK#	Ruth Golden Stein 5673 90th Street AURORA, IA 50607		10.00	
10/12/10	ID#	Luella M. McClain 22568 110th Street			
161	ID#	Westgate, IA 5068/ Fayette Co. Republican Central Con		20,00	
10/12/10	CK#	Fayette Co. Republican Central Con	nmittee	100,00	
101	ID#	Clermont, IA 52,35		100100	
10/13/10	CK#	Beverly Puls 19496 110th Street Westgate, IA 50681		25,00	
10/13/10	ID#	Debrah Kalk 23850 110th St.			
1/3/10	CK#	23858 /10th 3t. Westgate, IA 50681		40,00	
	ID# CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#	·			

SUB-TOTAL

TOTAL (if last page of this schedule)

(for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

Veani	ue A. Tell	I'M for Supervisor	le l	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
91	ID#			
9/3/10	CK# 1010	UOTAED		\$
9/.	ID#	Bel Incorporated		
9/3/10	CK# /0//	6905 NW 25th Street Miami, Fl. 33/22	Koozies	357,99
8/ ,	ID#	Veanine Tellin,	Doomhires for	
8/16/10	ск#/0/2	18534 100th Street Maynard, IA 50655	Reimburge for envelops / TAK Cart.	158,05
9/ /	ID#	Veaujo Tollin	Rembuse for	
8/30/10	ск#/0/3	18534 100th Street Maynard, IA 50655	Stomps	140.80
9/	ID#	Pastmuster,		
9/3/10	CK#/0/4	255 main Street Maynard, TA 50655	Otomps	140.80
9/	ID#	Post master		
9/7/10	CK# 1015	255 Majn Street Maynera, IA 50655	Stamps	140.80
9/,	ID#	USP5		
9/10/10	CK# 1016	255 Main Street Maynard, IA 50655	stamps	264.00
91	ID#	Postmaster		
9/14/10	ск# <sup>/0</sup> /7	255 Main Street Magnard, IA 50655	Stamps	264.00
	•		SUB-TOTAL	\$14/1/4/1
			TOTAL (if last page of this schedule)	\$1466,44

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	 	of	$\mathcal{L}$
	 		<del>~~~</del>

Reset Form

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Learne A. Tello for Science Science Science Statement of Organization)

	une Aile	11th FOR Supervise	OR I	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
0/	ID#	1/2		
9/14/10	CK# 1018	Veanine Tellin 1853 4 100th Street Maynard, FA 50655	Rembuse for Paper, envelopes	<b>\$</b> 349,71
9/ /	ID#	Postmaster	Mix cart.	
9/21/10	ск# /019	255 Main Street Maynard, TA 50655	Stamps	264.00
91	ID#	Maynard Savilys Bunk		
9/26/10		P.U. BOX 158 May hard TA 50655	MAINtenance fee	5.00
9,	ID#	May nard Savings BAK		
9/24/10	CK# AW	P. UBOTISB MULININ IN 50055	Check charge	.70
91	ID#	Maynard Swings BAK		
9/20/10	ск# <sup>А</sup> ₩	Muy Mard, TA 50655	Soles TAX on charges	.35
	ID#	Octobern Register	A / /	
10/4/10	<b>ск#</b> /020	Oelwein Register 25-1st street southeast Oelwein. It 50662	Politicial Ad elections	225,00
101	ID#	Fayette County Union		
10/4/10	CK#/02/	P.O. BOX 153 119 JOUGN VINE West UNIONITA 52175	Politicial Ad	
	-1001	West Union, LA 52175	elections	122,25
10/4/10	ID#			
14/	CK# /	227 Center Street	Politrial Ad	
.110	CK#/022	Elgin, IA 5214	elections	108.75

SUB-TOTAL

TOTAL (if last page of this schedule)

\$2542,20

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to

Page 2 of 3

DEMITTEE MARKET			RESET	LOCUEDINE		
Jennii I CE NAME(MU:	st be same as on Statement of Organization)		INCOLI	SCHEDULE F	LOANS	
leanine A	Tellow for Supervisor	v ·		(Rev. 02/08)	RECEIVE & REPAID	
OTE: This schedule reports money loaned to the committee which is deposited in the committee account.			Iccount	CHECK THIS BOX		
OTAL UNPAID LOANS FROM <u>LAST</u> REPORTING PERIOD \$				AMENDING FORM		
RTI - MONETARY LO (Original source	DANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third party	is involved. Includ	e loans from candid	late's personal fu	nds.)	
DATE RECEIVED	NAME AND ADDRESS OF LENDER RELATIONSHIP TO AMOUNT OF LOAN					
(MM/DD/YR)	(Include Endorser's Name, If Applicable)	CANDID	CANDIDATE (If Applicable*)		AWOUNT OF LOAN	
				\$		
RT II - MONETARY LO	OAN REPAYMENTS MANE THIS DEDORTING DEDIC	TOTAL (P	ART I)	\$	<del></del>	
RT II - MONETARY Loans forgiven	OAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIO must be reported on Schedule E In-kind Contributions	· · ·	ART I)	\$		
DATE PAID	NAME AND ADDRESS OF LENDER	D :.)	TIONSHIP TO	\$	PAID	
DATE PAID	must be reported on Schedule E In-kind Contributions	D :.)		AMOUNT RE	PAID	
DATE PAID	NAME AND ADDRESS OF LENDER	D :.)	TIONSHIP TO		PAID	
DATE PAID	NAME AND ADDRESS OF LENDER	D :.)	TIONSHIP TO	AMOUNT RE	PAID	
DATE PAID	NAME AND ADDRESS OF LENDER	D :.)	TIONSHIP TO	AMOUNT RE	PAID	
DATE PAID	NAME AND ADDRESS OF LENDER	D :.)	TIONSHIP TO	AMOUNT RE	PAID	
DATE PAID	NAME AND ADDRESS OF LENDER	D :.)	TIONSHIP TO	AMOUNT RE	PAID	
DATE PAID	NAME AND ADDRESS OF LENDER	D :.)	TIONSHIP TO	AMOUNT RE	PAID	
DATE PAID	NAME AND ADDRESS OF LENDER	D :.)	TIONSHIP TO	AMOUNT RE	PAID	
DATE PAID	NAME AND ADDRESS OF LENDER	D :.)	TIONSHIP TO	AMOUNT RE	PAID	
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	D :.)	TIONSHIP TO TE* (If Applicable)	AMOUNT RE	PAID	
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELA CANDIDA REPAYMENTS (	TIONSHIP TO TE* (If Applicable)	AMOUNT RE	PAID	
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  TOTAL CASH From Schedule E - TOT  TOTAL OUTSTANDING LOANS E	RELACANDIDA  REPAYMENTS (I	TIONSHIP TO TE* (If Applicable)  PART II)	AMOUNT RE		
DATE PAID (MM/DD/YR)  cclosure law requires cating a contribution to the	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  TOTAL CASH	RELA CANDIDA  REPAYMENTS (I	TIONSHIP TO TE* (If Applicable)  PART II)	\$		